

OCT 16 2000

National Institutes of Health
Bethesda, Maryland 20892

The Honorable John D. Dingell
Committee on Commerce
House of Representatives
Washington, D.C. 20515

Dear Mr. Dingell:

I am writing to inform you of the impact on the National Institutes of Health (NIH) of S. 2725 and H.R. 3514, the Chimpanzee Health Improvement, Maintenance, and Protection Act. The bills, which are substantially similar, would require that NIH enter into a contract with a nonprofit private entity for the purpose of operating a sanctuary system for the long-term care of chimpanzees. A sanctuary system, however well intentioned, could have unintended consequences for both humans as well as the chimpanzees it seeks to protect.

The NIH is deeply committed to the care and well-being of chimpanzees used in biomedical research. The chimpanzee has been an essential, effective animal model for studying several serious diseases, including hepatitis and respiratory syncytial virus. This animal model has been a necessary and valuable part of the NIH-supported efforts to prevent these diseases and their serious, sometimes fatal consequences.

The NIH is implementing a plan to provide long-term care for 288 chimpanzees that are infected with human immunodeficiency virus (HIV), hepatitis, or both. These animals are not candidates for a sanctuary because their persistent infections pose a significant health threat to caretakers and uninfected animals. They also have unique health care problems that require special care not generally available in sanctuaries. Under the plan, these chimpanzees may be returned to research, if the need arises. Thus, the plan meets the needs of research, while providing humane care for the animals.

Any long-term care plan must ensure that chimpanzees may be used, if necessary, in future biomedical research. S. 2725 and H.R. 3514 would prohibit any further research on chimpanzees placed in the sanctuary. The NIH plan, however, does allow animals to be returned to research if the need arises. Biomedical research does not always proceed in a simple, swift, and direct path. A drug may have been discarded because it was not effective for a specific disease, only to be found years later to be effective against a different disease. At some future time, a scientist might discover a vaccine for hepatitis C or a treatment that could potentially eradicate HIV from an infected individual. It would be very unfortunate if we did not have access to animals with these long-term infections to assess new treatments and vaccines. This could have a substantial deleterious effect on the health of humans and chimpanzees. For these reasons, we believe that permanent

Page 2 - The Honorable John D. Dingell

retirement of these chimpanzees is unwise. In addition, providing permanent retirement would represent poor stewardship in regard to the already substantial investment in these animals by the NIH.

Much time and considerable resources are required to establish appropriate facilities for chimpanzees. At this time, any long-term care plan should be limited to those chimpanzees that have participated in research funded by the NIH and the Public Health Service. Both S. 2725 and H.R. 3514 could potentially require that NIH expend resources to provide long-term care for chimpanzees that participated in research funded by the private sector or were used in other ways, for example, by the entertainment industry.

I appreciate your continued interest in the NIH and the future of biomedical research. I would be pleased to provide more information about our plan and to discuss any further needs you might see in this area. We request that you delay legislative action on this issue until we have had an opportunity to discuss with Congress our proposed long-term care plan for the chimpanzees.

This letter is also being sent to Senators James M. Jeffords and Edward M. Kennedy and Representative Tom Bliley, Jr.

Sincerely yours,



Ruth L. Kirschstein, M.D.
Principal Deputy Director